2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2003
Secretary of State

DOCUMENT# P02000056798

Entity Name: MORTGAGE MASTERS OF THE TREASURE COAST, INC.

Current Principal Place of Business:

481 SOUTHWEST PORT ST. LUCIE BOULEVARD
SUITE A
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

481 SOUTHWEST PORT ST. LUCIE BOULEVARD
SUITE A
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 01-0700287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

KENT, SANDRA E
156 SW SARATOGA AVE.
PORT ST LUCIE, FL 34953 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SANDRA E. KENT 03/15/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: KENT, DOUGLAS C
Address: 481 SOUTHWEST PORT ST. LUCIE BOULEVARD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VD ( ) Delete
Name: KENT, SANDRA E
Address: 481 SOUTHWEST PORT ST. LUCIE BOULEVARD
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: KENT, DOUGLAS C
Address: 156 SW SARATOGA AVE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VD (X) Change ( ) Addition
Name: KENT, SANDRA E
Address: 156 SW SARATOGA AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS C. KENT PD 03/15/2003
Electronic Signature of Signing Officer or Director Date